## **SUMMARY SHEET**

		level produced by rate revision effective	October 1, 2014
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial	·	
2.	Automobile Physical Damage Private Passenger		
3.	Commercial Liability Other Than Auto		
3. 4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine (PERSONAL)		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	-	
15.	Other Workers Compensation Line of Insurance	12,760,301	-5.6%
Does No		ritories) or certain classes? If so, specify:	
Brief Ad	description of filing. (If filing follows a option of NCCI 1/1/2014 loss costs, IL-	rates of an advisory organization, specify of 2013-06, subject to a multiplier of 1.82	organization):
	Adjusted to reflect all prior rate changes. Change in Company's premium level wh		

EMCASCO Insurance Company Name of Company

Linda Samson-Assistant Vice President

Official - Title

result from application of new rates.

## **SUMMARY SHEET**

Linda Samson – Assistant Vice President

Official - Title

	(4)		(2)
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		_
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
i.	Liability Other Than Auto		
١.	Burglary and Theft		
5.	Glass		
5.	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
€.	Fire		
).	Extended Coverage		
l.	Inland Marine (PERSONAL)		
2.	Homeowners		-
3.	Commercial Multi-Peril		
1.	Crop Hail		
5.	Other Workers Compensation	5,286,559	-4.8%
	Line of Insurance		
es f No	iling only apply to certain territory (ter	ritories) or certain classes? If so, specif	fy:
		rates of an advisory organization, specification, subject to a multiplier of 1.82	
		· · · · · · · · · · · · · · · · · · ·	
A C	djusted to reflect all prior rate changes. hange in Company's premium level wh sult from application of new rates.		
A C	hange in Company's premium level wh		
A C	hange in Company's premium level wh	ich will Emj	ployers Mutual Casualty npany

H29219D

#### **SUMMARY SHEET**

	Change in Company's premium or rate level produced by rate revision effective		October 1, 2014	
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**	
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damage Private Passenger Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine (PERSONAL)			
12.	Homeowners		-	
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other Workers Compensation Line of Insurance	3,252,198	-17.4%	
Does 1 No	filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:		
		rates of an advisory organization, specify of 2013-06, subject to a multiplier of 1.60	organization):	
** C	djusted to reflect all prior rate changes hange in Company's premium level whealt from application of new rates.			

IL EMCASCO Insurance Company
Name of Company

Linda Samson – Assistant Vice President

Official - Title

H29219D

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

## SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent		
Coverage	- Volume (Illinois) *	Change (+or-) **		
Automobile Liability Private				
Passenger Commercial				
Automobile Physical Damag				
Private Passenger Commercial	· · · · · · · · · · · · · · · · · · ·			
Liability Other Than Auto				
Burglary and Theft		· · · · · · · · · · · · · · · · · · ·		
Glass		*		
Fidelity				
Surety  Reiler and Machiner				
Boiler and Machinery				
Fire				
Extended Coverage				
Inland Marine				
Homeowners Commercial Multi-Daril				
Commercial Multi-Peril	<u></u>			
Crop Hail				
Other Workers Compensation  Line of Insurance	6,261,615	0%		
Does filing only apply to certain territory (territories) or certain Classes? If so, specify:  NA				
Brief description of filing. (If filing follows rates of an advisory				
Organization, specify				
organization):	Adopt NCCI 1/1/2014 loss	s costs and adjust company mult		

Iowa Mutual Insurance Company Name of Company Beverly Barber - Compliance Official - Title

#### **ILLINOIS SUMMARY SHEET**

#### FORM RF-3

FURI	VI KF-3	
Change in Company's premium or rate level produced by rate re	evision effective $9-/$	-14.
(1)	(2)	(3)
Coverage	Annual Premium	Percent
4.5.4	Volume (Illinois)*	Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial 3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		· · · · · · · · · · · · · · · · · · ·
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		<del></del>
11. Inland Marine		·
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	10,316,712	-0.49
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or certain cla	asses? If so specify There	are no territories in this filing, however, the filing
does carry deviations for NCCI classifications. See attached Miscellaneous Values Pa	age and Classification Deviation List	ing supplements.
Brief description of filing (if filing follows rates of an advisory org	anization, specify organiza	ation) Adopting NCCI's January 1, 2014 Advisory Rates
and deviating approved NCCI classifications.		
	· · · · · · · · · · · · · · · · · · ·	
<ul> <li>* Adjusted to reflect all prior rate changes.</li> <li>** Change in Company's premium level which will result from ap</li> </ul>	nlication of new rates	
Shango in Sampany a praintent total trinian time result from up		
	***	
	Midwest	Insurance Company

Name of Company

James Augustine, Chief Information Officer

Official — Title